

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 02, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # N05000000996**

1. Entity Name

HOUSE OF MIRACLES MINISTRY & SERVANTS OF THE  
LORD OUTREACH " INC."



Principal Place of Business

243 NORTH FLAGLER AVE.  
HOMESTEAD FL 33030

Mailing Address

P.O. BOX 900286  
HOMESTEAD FL 33090



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/07)

4. FEI Number

86-1129812

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCOTT, CHARLES L JR.  
15961 S.W. 290 STREET  
HOMESTEAD FL 33030

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Charles L Scott Jr.* CS

4/28/2008

Signature, typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent signature required when re-appointing)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete  
NAME P  
STREET ADDRESS SCOTT, CHARLES L JR.  
CITY-ST-ZIP 15961 S.W. 290 STREET  
HOMESTEAD FL 33030

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
U00000946564  
05/30/08-80052-021 70.00

TITLE ☐ Delete  
NAME V  
STREET ADDRESS SCOTT, DORRINA R  
CITY-ST-ZIP 15961 S.W. 290 STREET  
HOMESTEAD FL 33030

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
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TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Charles L Scott Jr.* Charles L Scott Jr. 4/28/2008 (786) 486-6351